



LOS ANGELES COUNTY COMMISSION ON HIV

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EXECUTIVE COMMITTEE MEETING MINUTES

August 29, 2011

Approved
9/26/2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Carla Bailey, <i>Co-Chair</i>	Al Ballesteros	Sonam Patel	Jane Nachazel
Michael Johnson, <i>Co-Chair</i>	Angélica Palmeros		Glenda Pinney
Sergio Aviña	Fariba Younai		Jim Stewart
Nettie DeAugustine			Craig Vincent-Jones
Aaron Fox			
Brad Land			
Ted Liso			DHSP STAFF
Jenny O'Malley			None
Mario Pérez			
Stephen Simon			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, 8/29/2011
- 2) **Minutes:** Executive Committee Meeting, 7/6/2011
- 3) **Minutes:** Executive Committee Meeting, 8/1/2011
- 4) **Table:** September 2011 Priorities, 8/29/2011

1. **CALL TO ORDER:** Mr. Johnson called the meeting to order at 10:15 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 7/6/2011 and 8/1/2011 Executive Committee Meeting minutes (*Passed by Consensus*).
4. **PARLIAMENTARIAN REMARKS:** There were no remarks.
5. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
6. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
7. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:**
 - Mr. Land said his presentation at LifeGroup LA went well. Many completed mobilization forms, but often were newly diagnosed and needed help with basic words such as "mobilization." He suggested a website glossary and introduction.
 - Mr. Vincent-Jones said website work was to be done by June 2011, but there were Internal Services Department (ISD) delays. A meeting with ISD is scheduled 8/31/2011. New Co-Chair signatures and a glossary will be included in the update.

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8. CO-CHAIRS' REPORT:

A. Strategic Planning:

- Mr. Vincent-Jones felt it important to meet soon to evaluate the Commission's future as an organization in light of upcoming RW Reauthorization and fast-moving health care reform/1115 waiver implementation. He expected to need only a couple of meetings.
- ➡ Strategic Planning Work Group members: Ms. Bailey and O'Malley, and Mr. Fox, Johnson, Liso, Land and Simon. Scheduling will be coordinated with the RW Reauthorization Task Force.

B. Co-Chair Training:

- Mr. Johnson welcomed new JPP Co-Chair Aaron Fox to the Executive Committee.
- ➡ The training was postponed due to scheduling conflicts and in order to wait for new co-chairs to be selected.

C. HRSA Communications:

- He said the HRSA conference call on its Special Condition of Award (COA) letter to the grantee included Ms. Bailey, Mr. Vincent-Jones and himself from the Commission; Mr. Pérez, Kyle Baker, Michael Green and Juhua Wu from DHSP; Jonathan Freedman, Department of Public Health (DPH); Richard Martinez, Chief Executive Office (CEO); and Karen Ingvaldsdottir and Harold Phillips from HRSA. Issues were reviewed and solutions identified. It was clear resolution would have been simpler had HRSA called when issues were first raised as Commission activities had been misrepresented and misinterpreted.
- Mr. Vincent-Jones said one issue was use of Ryan White (RW) funds for advocacy. He believed that HRSA's perspective on the issue was faulty shaped by HRSA's belief that the Commission only relied on RW funding for its operations. He had re-read the legislation and prior Commission advocacy was clearly consistent with planning council activities that HRSA prescribed. He had also read all of the compliance requirements listed in HRSA's letter to the grantee, and they only prohibit lobbying at the federal level.
- Ms. Ingvaldsdottir, Project Officer, Western Services Branch, indicated that a couple of briefs in 2008 instructed consumers that they could contact their representatives. Mr. Vincent-Jones noted that conformed to guidance which directs planning councils to engage consumers, including engaging them with their legislative representatives. Nevertheless, he added, those briefs are over two-and-a-half years old and that language hasn't been used since.
- Remaining brief content is information necessary for the planning process and prescribed in the guidance, e.g., service coordination, ensuring funds of last resort, alternate resources, etc. HRSA felt the body should clarify when it is acting as the Ryan White Part A Planning Council versus the Commission on HIV which advises the Board, e.g., the legislative docket could be identified as a Commission document.
- Further, Executive Office funds are used for travel outside the County or any expense that does not conform to Ryan White expenditure requirements.
- A second issue was the conflict of Interest policy, revised and approved in 2008. It was revised to meet Ms. Ingvaldsdottir's concerns prompted when the Inland Empire planning council said it followed the prior policy. Mr. Vincent-Jones felt her approach consistently harsh (e.g., wanting all providers excluded from the room for all P-and-A discussions) which he had refused to do, and was not required by HRSA guidance.
- Mr. Vincent-Jones agreed conflict of interest was important, but the intent of planning councils is to ensure all stakeholders are represented in a collaborative decision-making process. Excluding one group (e.g., provider representatives) undermines and is contradictory to the purpose of planning council. While he acknowledged that there is a fear that consumers in some areas might be intimidated by providers—that clearly is not the case in Los Angeles. He had pointed those issues out to her previously, and had told her that the Commission's consumers often drive the process.
- The County Counsel assisted the Commission in drafting the 2008 conflict of interest policy. State law was too restrictive as it excludes anyone with the possibility of financial gain, which would exclude all providers. Instead, a "safe harbor provision" was used that states P-and-A is a primary planning council task with provider representation per Federal requirements.
- There was no negative feedback of the revision in 2008. Mr. Phillips offered perspective by noting the key is to manage conflict well. He recently returned to HRSA after time as a consultant and is a consumer who served on a planning council.
- Mr. Johnson said the takeaway was that each issue was quickly and legitimately refuted, and all of them were based on inaccuracies and distortion of Commission activities, and significant misunderstanding and miscommunication from

HRSA. He expressed disappointment that the inaccuracies seemed to be generated by one DHSP employee, but noted that there are County processes to address County employee behavior.

- Mr. Vincent-Jones said the Commission previously expressed concerns to DHSP about the employee and he no longer interacts with the Commission. It remains a concern that he is the HRSA grantee representative, but that is a DHSP matter.
- He said Special COAs require a response. DHSP has sent a letter to HRSA stating it will work with the Commission on the issues they have raised.
- The final HRSA issue was that about the Commission's Part D seat. Mr. Vincent-Jones had raised the issue because the project officer had brought it up previously, but she was reluctant to address it on the phone call. After pressing the issue, it was discovered that her concern was that the new Ordinance language indicated that Part D subcontractors could fill the Part D seat when the guidance requires that the grantee must fill the seat. Mr. Vincent-Jones had hoped to address the continuing vacancy in the Part D seat expanding Ordinance language to include other Part D providers as neither of the two Part D grantees was willing to provide a representative. Mr. Phillips said that HRSA could require a Part D grantee to provide a representative. Mr. Vincent-Jones responded that he had asked HRSA to do that over two years ago, with no response, but would be delighted if HRSA could help and would delete the contested language from the Ordinance.
- Ms. O'Malley recommended documenting future communication. Mr. Vincent-Jones said the Commission currently does so. He added HRSA policy is to communicate through the grantee, but the previous project officers have talked directly with the Commission until now.
- He noted that Mr. Pérez had been upset in a December 2011 meeting that Mr. Vincent-Jones had spoken separately with Ms. Ingvaldstad about the Commission's Letter of Concurrence which, for the first time, noted concerns. He thought the Commission had agreed not to communicate separately. At the time, Mr. Vincent-Jones had not made such an agreement, but restrictions on independent communications with HRSA had been in the draft MOU that was being considered at the time. Mr. Vincent-Jones and Mr. Pérez agreed at that time that the Commission would not engage in independent communications of substance with the project officer if DHSP agreed not to discuss Commission issues without appropriate Commission representation. He had complied with the agreement, and had been extremely disappointed to find that some DHSP personnel had not.
- Mr. Vincent-Jones felt it was fair to say Mr. Pérez had not been aware of the actions taken by his employee. He acted responsibly as the grantee on the call to move toward resolution. Commission and HRSA participants were the primary speakers on the conference call.
- Mr. Land suggested that Ms. Ingvaldstad visit the County. Mr. Vincent-Jones responded that she had been scheduled to visit in April, but it had been cancelled at the last minute and that HRSA seemed to be operating under travel restrictions.

8. EXECUTIVE DIRECTOR'S REPORT:

A. Monthly Priority Task List: Mr. Vincent-Jones reviewed his priorities for September 2011:

- 1) **Comprehensive Standards of Care Production (Editing/Design):** This is a longstanding agreed priority that has been delayed due to the size of the project. Publication will continue in spite of new activities to consolidate the standards.
- 2) **FY 2012 Priority- and Allocation-Setting Contingency Directives:** This is needed for the 9/8/2011 Commission.
Commission Orientation/Committees: This is needed for the 9/8/2011 Commission.
- 3) **HCR Brief #4: Low Income Health Programs (LIHPs):** Information for the brief continues to change.
- 4) **Evaluation of Service Effectiveness (ESE) Dental Provider Survey:** Drs. Fariba Younai and Mark Davis are doing final edits and communication is ongoing with Carlos Vega-Matos, DHSP.
- 5) **Ryan White Reauthorization Principles Draft:** There will be a four-hour meeting to review the draft shortly.
- 6) **Final TLC+ Plan:** This will be done for the Annual Meeting scheduled on 10/5/2011.
Annual Meeting—Integrated Care and Prevention Planning: Staff are confirmed a new venue for the rescheduled date.
- 7) **Draft Outline to HIV/Primary Care Editorial:** Having heard presentations on the subject, the Consumer Caucus is drafting a response focusing on issues to address should the shift move forward.
- 8) **Ryan White FY 2012 Part Application Components:** Mr. Vincent-Jones needs to write application sections.
- 9) **Summary of HIV Service Roundtables:** He will also prepare a summary of the complete set of Roundtables.
- 10) **FY 2011 Commission Work Plan:** Review and update.

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11) FY 2011 Priority- and Allocation-Setting Revisions: Review of award and revisions as needed.

➡ Priority Task List confirmed.

B. Commissioner New Member Orientation: Orientation will follow the 9/8/2011 Commission meeting.

10. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:

- Mr. Pérez reported he was in a meeting that morning with DPH and Department of Health Services (DHS) on LIHP as part of the continuing migration discussion. Meetings with providers are being planned. Mr. Vincent-Jones will be invited as well.
 - Ms. DeAugustine asked if provider meetings would be before the DHS letter to the Board on provider expansion. Mr. Pérez expected one or more meetings with all 23 RW providers would occur before the letter, which would give DHS authority to contract with the seven providers now offering RW services but not part of the Healthy Way LA (HWLA) network.
 - Mr. Vincent-Jones asked if the meetings indicate that DHSP will discontinue its new Medical Outpatient (MO) solicitation process. Mr. Pérez replied no as many questions remain, e.g., client eligibility as it relates to LIHP and whether State ADAP screening will be annual or bi-annual. There are also rate questions as performance measures have raised the bar, so the RFP ties quality to rate.
 - Mr. Land said a key provider issue is to ensure LIHP consumers promptly receive “capped out” letters, so they can move smoothly to RW care without, e.g., a break in medications. Mr. Johnson emphasized that LIHPs began 7/1/2011 while many issues have not yet been resolved. Ms. O’Malley had heard some LIHP providers are leaving due to low reimbursement.
 - Mr. Pérez noted it is complex as RW providers have relied on cost reimbursement to compensate for actual costs. Some also contract with DHS on a fee-for-service basis with different rates for Federally Qualified Health Centers (FQHCs). Mr. Johnson added DHS rates differ by scope of project and may differ by agency facility. Most such rates exclude HIV services.
 - The RW Part A/MAI award was received that morning. The \$386,000 increase, which is due to an increase in MAI funding (the Part A grant was reduced by \$17,000) exceeds a \$40 million total for the first time.
 - Mr. Pérez noted the two COAs discussed earlier. The first COA required a response within 10 days of the Notice of Grant Award (NGA). It required confirmation that RW funds would not be used for advocacy and was submitted last week.
 - The second COA is due within 180 days of the NGA. It pertains to policies and procedures on representation. Commission Co-Chairs and Mr. Vincent-Jones will work with DHSP to prepare Commission By-Laws for the response.
- ➡ Mr. Pérez will forward the written COAs and the award notices to Mr. Vincent-Jones by end of day.

11. HIV EPIDEMIOLOGY PROGRAM (HEP) REPORT:

➡ In light of the DHSP program integration, this report will be folded into the DHSP Report in the future.

12. TASK FORCE REPORTS:

- A. Health Care Reform Task Force (HCR TF):** Ms. DeAugustine reported work continues.
- 1. Low-Income Health Program (LIHP):** There was no additional discussion.
- B. Commission/PPC Integration Task Force (CPI TF):**
- 1. Annual Meeting:** Mr. Vincent-Jones said the regular 10/13/2011 Commission meeting most likely will be cancelled. The decision will be made closer to the meeting date. The 10/3/2011 Executive Committee will proceed.
- C. Comprehensive Care Plan Task Force (CCP TF):** There is a draft narrative, but it is on hold pending Annual Meeting input.

13. CAUCUS REPORTS:

- A. Consumer Caucus:**
- Mr. Liso reported the Caucus mostly discussed issues regarding LIHP at its 8/11/2011 meeting.
- ➡ Messrs. Liso, Land, Vincent-Jones and Ms. McClendon will meet to identify the next Caucus meeting date.
- B. Latino Caucus:** There was no report.

14. PREVENTION PLANNING COMMITTEE (PPC) REPORT: Mr. Fox reported the External Subcommittee discussed JPP at its meeting last week. He expected a recommendation for continued JPP involvement. Several PPC members are interested in participating.

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15. STANDING COMMITTEE REPORTS:

A. Priorities and Planning (P&P):

1. **FY 2012 MAI:** The Plan and allocations were completed and will be presented at the 9/8/2011 Commission meeting.
2. **Contingency Scenario Directives:** Mr. Land noted completion of scenarios and directives is planned for a special 9/2/2010 meeting. They will also be presented at the 9/8/2011 Commission meeting.

B. Operations:

1. Membership:

- Ms. O'Malley noted Operations has been very active with multiple candidate interviews.
- ➡ Ms. O'Malley requested a list of Commissioners whose renewal applications are overdue prior to the 9/8/2011 Commission meeting. She has given two months warning and will read the list at the Commission meeting.
- ➡ Mr. Vincent-Jones will follow-up on Commissioner pictures for the website.

2. Miscellaneous:

- Ms. O'Malley reported Fredy Ceja has resigned from the Commission. Nominations for his Co-Chair position are open with Karen Peterson nominated to date. The election will be at the next meeting.
- Mr. Vincent-Jones noted Orientation after the 9/8/2011 Commission meeting will review committee responsibilities.
- ➡ Mr. Vincent-Jones requested one co-chair per committee and one person to discuss task forces for the Orientation.

C. Standards of Care (SOC): Mr. Vincent-Jones said SOC will discuss the quality indicator framework at its 9/1/2011 meeting.

1. **Standards of Care:** There was no further discussion.
2. **Evaluation of Service Effectiveness:** There was no further discussion.

D. Joint Public Policy (JPP):

1. **RW Reauthorization Principles:** Mr. Simon noted the next meeting is being scheduled within the next two weeks.
2. **Miscellaneous:**
 - Mr. Simon said he has been advocating on behalf of the City of Los Angeles for needle exchange bills AB 604 and SB 41 which have reached the Senate. An Oakland faith-based group of people of color has been advocating with senators against the bills, which they feel would harm African-Americans (A-A). The Commission has support positions on both.
 - Mr. Fox noted three bills have left suspense for the floor including: SB 757, equitable health benefit access for domestic partners and those couples who married during the window for legal same-sex marriage; AB 499, consent for minors seeking STD preventive medical care; and AB 673, adds LGBT health issues into the mission of the Office of Multicultural Health.
 - Mr. Simon reported an A-A group chaired by Jeffrey King and Phil Wilson has reviewed recent reports on infection increases among A-A men. They plan to present recommendations to the PPC.
 - ➡ Mr. Liso will email low-income housing bills to Messrs. Fox and Simon. They are not HIV-specific, but can help PLWH.
 - ➡ Messrs. Fox and Simon will update and email out the legislative docket.

16. **NEXT STEPS:** There was no additional discussion.

17. **ANNOUNCEMENTS:** The National AIDS Housing Coalition will hold its Research Summit VI, 9/21-23/2011 in New Orleans.

18. **ADJOURNMENT:** The meeting adjourned at 12:00 noon.